FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

JUN 2 9 2007

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
NIFORM LIMITED OFFERING EXEMPTION

14c	5596
' /	OMB APPROVAL

hours per response

OMB Number: 3235-0076

Expires: April 30, 2008 Estimated average burden

SEC USE ONLY						
Prefix Serial						
DATE F	RECEIVED					
1						

16.00

(00)										
Name of Offering (check if this is an	amendment and name has changed, and	l indicate change.)								
Series B Preferred Stock Financing										
										
Filing Under (Check box(es) that apply):	☐ Rule 504 ☐ Rule 505	Rule 506	Section 4(6)	ULOE						
Type of Filing: ☐ New Filing	Amendment									
	A. BASIC ID	ENTIFICATION D.	ATA]						
1. Enter the information requested about	the issuer									
Name of Issuer (check if this is an an	nendment and name has changed, and i	ndicate change.)								
StrataVia Corp.	·			07069834						
Address of Executive Offices	(Number and Street,	City, State, Zip Code)	Telephone Numb	Der (Including ruca Couc)						
1670 Broadway, Suite 2900, Denver	, Colorado 80202		(303) 991-4850							
Address of Principal Business Operations	(Number and Street,	City, State, Zip Code)	Telephone Numb	per (Including Area Code)						
(if different from Executive Offices)	(if different from Executive Offices)									
				MUUESSED						
Brief Description of Business: Software applications and service										
Type of Business Organization				NTV JUL U 5 2007						
□ corporation	limited partnership, already form	ed 🔲 oth	er (please specify):	M						
☐ business trust	limited partnership, to be formed			THOMSON						
	Month	Year		FINANCIAL						
Actual or Estimated Date of Incorporation	or Organization: 07	2005	☑ Actual [Estimated						
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: DE										
CN for Canada; FN for other foreign jurisdiction)										

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Boxes that Apply: Promoter Beneficial Owner Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Culverhouse, Thor Business or Residence Address (Number and Street, City, State, Zip Code) 1670 Broadway, Suite 2900, Denver, Colorado 80202 Check Boxes that Apply: □ Director Beneficial Owner Executive Officer General and/or Managing Partner Promoter Full Name (Last name first, if individual) Devraj, Venkat S. Business or Residence Address (Number and Street, City, State, Zip Code) 1670 Broadway, Suite 2900, Denver, Colorado 80202 Check Boxes that Apply: Executive Officer ☐ Director ☐ Promoter Beneficial Owner General and/or Managing Partner Full Name (Last name first, if individual) Vista Ventures Advantage, LP Business or Residence Address (Number and Street, City, State, Zip Code) 1011 Walnut Street, 4th Floor, Boulder, Colorado 80302 Check Boxes that Apply: Promoter Director Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Adams Street V, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) One North Wacker Drive, Suite 220, Chicago, Illinois 60606 Check Boxes that Apply: ☐ Director Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Asset Management Partners 2004, LP Business or Residence Address (Number and Street, City, State, Zip Code) 2100 Geng Road, Suite 200, Palo Alto, California 94303 Check Boxes that Apply: Executive Officer Director Promoter Beneficial Owner General and/or Managing Partner Full Name (Last name first, if individual) Holland, Kirk Business or Residence Address (Number and Street, City, State, Zip Code) 1011 Walnut Street, 4th Floor, Boulder, Colorado 80302 Check Boxes that Apply: Director Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Diehl, Jeffrey Business or Residence Address (Number and Street, City, State, Zip Code) One North Wacker Drive, Suite 220, Chicago, Illinois 60606 Check Boxes that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual)

A. BASIC IDENTIFICATION DATA

Fleshman, David									
Business or Residence Address (Number and Street, City, State, Zip Code)									
2100 Geng Road, Suite 200, Palo Alto, California 94303									
Check Boxes that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, i	f individual)								
Business or Residence Address	ss (Number and Street,	City, State, Zip Code)							
Check Boxes that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, i	findividual)								
Business or Residence Addre	ss (Number and Street,	City, State, Zip Code)							
Check Boxes that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, i	f individual)								
Business or Residence Address	ss (Number and Street,	City, State, Zip Code)							
Check Boxes that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, i	f individual)								
Business or Residence Addre	ss (Number and Street,	City, State, Zip Code)							
Check Boxes that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, i	f individual)				-				
Business or Residence Address	ss (Number and Street,	City, State, Zip Code)							
Check Boxes that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, i	f individual)								
Business or Residence Address (Number and Street, City, State, Zip Code)									
Check Boxes that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, i	f individual)								
Business or Residence Addre	ss (Number and Street,	City, State, Zip Code)							

					В	INFORM	IATION AB	OUT OFFE	RING				
1.										Yes	No		
	Answer also in Appendix, Column 2, if filing under ULOE.								\boxtimes				
2.	2. What is the minimum investment that will be accepted from any individual?								s	N/A			
3.												Yes	No
	3. Does the offering permit joint ownership of a single unit?										\boxtimes		
4.													
Full	Full Name (Lust name first, if individual)												
D	inace as Day	aidanaa Addea	na (Numbar n	and Street Ci	tu State 7	= Cods)	N/A						
Dus	mess or Ke	sidence Addre	ess (Number a	ind Street, Ci	ty, State, Zi	p Code)							
Nar	ne of Assoc	iated Broker	or Dealer										
Stat	es in Which	n Person Liste	d Has Solicite	ed or Intends	to Solicit P	urchasers*					<u> </u>		
(Ch	eck "All St	ates" or check	cindividual St	tates)									All States
[AL	J	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[III]
[IL]	-	[IN]	βΑΙ	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[M]	Г]	[NE]	ĮNVJ	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	ЮНЈ	[OK]	[OR]	[PA]
[RI]	l	[SC]	[SD]	[TN]	[TX]	(UT)	[VT]	[VA]	[VA]	[WV]	[WI]	[WY]	[PR]
Full	Name (Las	st name first, i	if individual)										
						_							
Bus	iness or Re	sidence Addre	ess (Number a	ind Street, Ci	ty, State, Zi	p Code)							
Nan		iated Broker	Dooles										
1741	ne of Assoc	ialed Dioker	or Dealer										
Stat	tes in Which	1 Person Liste	d Has Solicite	ed or Intends	to Solicit P	urchasers							
(Ch	eck "All St	ates" or check	c individual S	tates)									All States
[Al	•	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	ID
[IL]		[IN]	[lA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[M]	-	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	jokj 	[OR]	[PA]
[RI]		[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[VA]	[WV] 	[WI]	[WY]	[PR]
Full	l Name (La	st name first,	if individual)										
Bus	siness or Re	sidence Addre	ess (Number a	and Street, C	ity, State, Zi	p Code)							
			•		•	. ,							
Nar	ne of Assoc	iated Broker	or Dealer										
Stat	States in Which Person Listed Has Solicited or Intends to Solicit Purchasers												
(Check "All States" or check individual States)													
[AI	-	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[1D]
[IL]		[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
ĮΜ		[NE]	[NV]	[NH]	lNil	[NM]	[YV]	[NC]	[ND]	ЮН	[ОК]	[OR]	[PA]
[RI	l	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[VA]	[WV]	[WI]	[WY]	[PR]

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering. check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Type of Security Offering Price Sold Debt..... Equity \$ __4,930,360.27 \$ 4,680,360.27 Common ☐ Preferred Convertible Securities (including warrants) Partnership Interests Other (Specify _____) \$ 4,680,360.27 Total \$ 4,930,360.27 Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Dollar Amount Number of Purchases Investors Accredited Investors \$ ___4,680,360.72 0 \$_____0 Non-accredited Investors Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C -Ouestion 1. Type of Dollar Amount Security Sold Type of Offering Rule 505 \$ _____ Regulation A..... Rule 504 Total..... a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees.... Printing and Engraving Costs Legal Fees..... X 19,000.00 Accounting Fees Engineering Fees.... Sales Commissions (specify finders' fees separately) \$ 399.00 Other Expenses (Identify) copy expenses, filing fees X \$ <u>19,39</u>9.00 Total \boxtimes

C. OFFERING PRICE, NUMBER OF	INVESTORS, EXPENSES AND	USE OF PROCEEDS	
b. Enter the difference between the aggregate offering price give furnished in response to Part C – Question 4.a. This difference is the	\$ <u>4,910,961.27</u>		
		Payment to Officers, Directors, & Affiliates	Payment To Others
Salaries and fees.	,,,,,,,	□ s	\$
Purchase of real estate		□ \$	□ s
Purchase, rental or leasing and installation of machinery and equipment		\$	□ \$
Construction or leasing of plant buildings and facilities		□ s	□ s
Acquisition of other businesses (including the value of securities in may be used in exchange for the assets or securities of another issuer purs	\$	□ s	
Repayment of indebtedness		s	□ s
Working capital		□ s	■ \$4,910,961.27
Other (specify):		□ \$	□ \$
		□ \$	□ s
Column Totals		□ s	S 4,910,961.27
Total Payments Listed (column totals added)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	⊠ \$	4,910,961.27
D. FEI	DERAL SIGNATURE		
The issuer had duly caused this notice to be signed by the undersigned duly a undertaking by the issuer to furnish to the U.S. Securities and Exchange Con accredited investor pursuant to paragraph (b)(2) of Rule 502.			
Issuer (Print or Type)	Signature	<u> </u>	Date
StrataVia Corp.	25(6	5	6/26/07
Name of Signer (Print or Type)	Title of Signer (Print or Type)		
Jennifer Panning	Administration		

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

